

## Appendix 2

### Examples of Medically Oriented Tasks That May be Delegated to PCWs

Usual personal care worker (PCW) activities include assistance with activities of daily living (ADL), assistance with housekeeping activities, and accompanying the recipient to medical appointments. In addition to these tasks, PCWs may provide assistance with medically oriented tasks which are delegated by a registered nurse (RN).

The following are examples of tasks that may be considered medically oriented tasks. This list of medically oriented tasks is not intended to be all-inclusive.

#### **Active Seizure Intervention**

Active seizure intervention, including safety measures, reporting seizures, and administration of medication at the time of the active seizure, etc., may be a medically oriented task. Active seizure intervention may be medically necessary when the recipient has had active seizures, requiring active intervention, within the past 62 days.

#### **Application of Prosthesis or Orthosis**

This may be a medically oriented, medically necessary task when part of a serial splinting program or when the recipient has a demonstrated problem with frequent skin breakdowns that must be closely monitored.

#### **Assistance with Activities that are Directly Supportive of Skilled Therapy Services**

This includes activities that do not require the skills of a therapist to be safely and effectively performed. Activities may include routine maintenance exercises, e.g., range of motion exercises and repetitive speech routines. In order to be medically necessary, the activities must be ordered in conjunction with an active therapy program or as a result of a therapy evaluation signed by a therapist. The therapist may screen the client and recipient as often as medically necessary to verify the continuing medical necessity of activities supportive of therapy, such as range of motion (ROM), repetitive speech drills, and other routine exercise programs. A full therapy evaluation by a therapist is needed when there is a change in client condition or when the home exercise program is not accomplishing its goals.

#### **Complex Repositioning**

This is specialized positioning, including positioning required to:

- Reduce spasticity.
- Be part of a therapy treatment in a home exercise program (e.g., placing a recipient in a specialized position for “X” amount of time to accomplish a specific goal).
- Properly apply a brace or splint so it will be effective and not harm the recipient.
- Prevent skin breakdowns when the recipient has demonstrated problems with frequent skin breakdowns.

#### **Complex Transfers**

These are transfers that require the use of special devices when there is an increased likelihood that a negative outcome would result if the transfer were not done correctly or when a special technique is used as part of a complex therapy program. The following transfer techniques are part of the suggested personal care curriculum and do not qualify as complex transfers: stand-pivot transfer, sliding board, and transfer belts. Complex transfers may be medically necessary when the recipient has no volitional movement below the neck or when simple transfer techniques have been demonstrated to be ineffective and unsafe.

### **Feeding**

This may be a medically oriented task and necessary when there is a high risk for aspiration and the physician orders special procedures or techniques that must be utilized to effect safe feeding. Examples include thickening of liquids, small bolus of food positioned in a special section of the mouth, or a chin tuck.

Feeding via a gastrostomy tube may be a medically oriented task when it is deemed appropriate and when delegated by the registered nurse.

### **Glucometer Reading**

Taking glucometer readings and reporting them to the supervising nurse whenever they are outside of parameters established for the recipient by the physician may be medically necessary when the recipient's medical history supports the need for ongoing monitoring for early detection of readings outside of established parameters. High blood sugars due to the noncompliance of a competent adult do not justify glucometer tests as medically necessary tasks.

### **Medication Administration**

May be provided by personal care workers when delegated by an RN under N6, Wis. Admin. Code.

### **Simple Dressing Changes**

These are dressing changes that do not require the skills of a licensed nurse. Wounds or ulcers that show redness, edema, and induration, at times with epidural blistering or desquamation, do not ordinarily require skilled nursing care. Simple dressing changes may be medically necessary when the physician orders them for the treatment of a wound or sore and no primary caregiver is willing or able to provide the care.

### **Skin Care**

Skin care may be a medically oriented task and medically necessary when legend solutions, lotions, or ointments are ordered by the physician due to skin breakdown, wounds, open sores, etc. PRN ("as needed" hours) or prophylactic skin care is an activity of daily living task, not a medically oriented task.

### **Vital Signs**

Taking vital signs may include taking the recipient's temperature, blood pressure, and pulse and respiratory rates, and reporting them to the supervising nurse whenever they are outside of the parameters established for the recipient by the physician. Taking vital signs may be medically necessary when the recipient's medical history supports the need for ongoing monitoring for early detection of an exacerbation and the physician establishes parameters at which point a change in treatment may be required.